

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRAR'S NO. _____

Registration District No. 50 Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY <u>BATH</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>KY</u> b. COUNTY <u>BATH</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) TOWN <u>SALT-LICK</u>		c. CITY (If outside corporate limits, write RURAL and give town(ship)) TOWN <u>SALT-LICK</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)			

3. NAME OF DECEASED a. (First) <u>ANNA-MAY-DAY</u> b. (Middle) <u>MYERS</u> c. (Last) <u>MYERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 4 1954</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 12-1886</u>	9. AGE (In years last birthday) <u>67</u>	10. Under 1 Year <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during week of week in life, if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>88</u>	11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>MARION DAY</u>		14. MOTHER'S MAIDEN NAME <u>ANNA-LITTERBACK</u>		17. INFORMANT <u>VAN-MYERS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA Gall Bladder</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
ANTECEDENT CAUSES		DUE TO (b) _____			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>155X-459-14</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (n.e., in or about home, farm, factory, street, office bldg. etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan. 4, 1954</u> to <u>Jan. 4, 1954</u> , that I last saw the deceased alive on <u>Jan. 4, 1954</u> , and that death occurred at <u>m.</u> from the causes and on the date stated above.					

23a. DATE SIGNED <u>1/4/54</u>		23b. ADDRESS <u>Princeton</u>		23c. SIGNATURE <u>John A. Tomson, M.D.</u> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Jan 7-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union-Walt-Lick</u>	
24d. LOCATION (City, town, or county) (State) <u>BATH KY</u>		25b. REGISTRAR'S SIGNATURE <u>Bena K. Brooks</u>		24e. FUNERAL DIRECTOR <u>Howman & Powell Salt Lick, Ky</u>	
25a. DATE REC'D BY LOCAL REG.		25c. REGISTER'S SIGNATURE		25d. ADDRESS	